DOCUMENT RESUME

ED 387 756 CG 026 564

AUTHOR Hoggard, Rhonda J.; Christenberry, Nola J.
TITLE Interventions with Children of Alcoholics: Is the Focus in the Right Direction?
PUB DATE 9 Nov 94
NOTE 9p.; Paper presented at the Annual Meeting of Mid-South Educational Research Association (Nashville, TN, November 9-11, 1994).
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; *Alcoholism; Children; *Cognitive Development; Elementary Secondary Education; Family Characteristics; *Family Problems; *Intervention; Parent Child Relationship; *Parent Influence; Psychological Characteristics; School Counseling; School Personnel
IDENTIFIERS Children of Alcoholics; Family of Origin

ABSTRACT

School personnel are concerned about the effects of family-of-origin issues on students' academic performance and psychological development. One area that has drawn particular interest in recent years is that of students who are children of alcoholics (COAs). Most literature related to student COAs has emphasized the idea that families with an alcoholic parent are disrupted, and their disruptions are presumed to increase the need for psychological interventions in the schools. Of 12 school-based interventions described in recent literature, 11 were intended to improve psychological functioning. Little consideration has been given, however, to whether student COAs may need different instructional practices as well as psychological support; only one of the 12 interventions emphasized cognitive functioning. Yet, studies have revealed that student COAs tend to score lower than their peers on intelligence tests. They also have more difficulty with visuospatial learning tasks. These findings seem to suggest that more attention should be given to meeting the unique cognitive needs of student COAs. This paper will include some suggestions that educators might use to appropriately modify instructional practices for COAs. (Contains 26 references.) (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 387 756

Interventions with Children of Alcoholics: Is the Focus in the Right Direction?

Rhonda J. Hoggard

and

Nola J. Christenberry

Arkansas State University

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

N. Christenberry

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A paper presented November 9, 1994 at the Annual Meeting of Mid-South Educational Research Association in Nashville, Tennessee.

CG026564

BEST COPY AVAILABLE

Abstract

School personnel are concerned about the effects of family-of-origin issues on students' academic performance and psychological development. One area that has drawn particular interest in recent years is that of students who are children of alcoholics (COAs). Most literature related to student COAs has emphasized the idea that families with an alcoholic parent are disrupted, and their disruptions are presumed to increase the need for psychological interventions in the schools.

Of 12 school-based interventions described in recent literature, 11 were intended to improve psychological functioning. Little consideration has been given, however, to whether student COAs may need different instructional practices as well as psychological support; only one of the 12 interventions emphasized cognitive functioning. Yet, studies have revealed that student COAs tend to score lower than their peers on intelligence tests. They also have more difficulty with visuospatial learning tasks.

These findings seem to suggest that more attention should be given to meeting the unique cognitive needs of student COAs. This paper will include some suggestions that educators might use to appropriately modify instructional practices for COAs.

Interventions with Children of Alcoholics: Is the Focus in the Right Direction?

For the past few decades, much attention has been given to children of alcoholics (COAs). According to Powell (1994), more than seven million adolescents under the age of 18 live in homes where one or both parents is an alcoholic. School personnel have become increasingly concerned about the effects parental alcoholism has on students' academic performance and psychological development. While researchers differ on how much, the majority agree that a child will be affected to some extent by being raised in a home with an alcoholic parent (Heryla & Haberman, 1991; Tharinger & Koranek, 1988).

Effects of Parental Alcoholism

A review of studies about COAs revealed that parental alcoholism is typically associated with a heightened incidence of childhood symptomatology (West & Prinz, 1987). Many studies have concluded that mild to moderate psychosocial deficits often occur among COAs (Bennett, Wolin, & Reiss, 1988). According to Robinson (1990), all children sometimes experience fear, anger, confusion, embarrassment, guilt, and shame; but COAs experience these emotions in greater depth and with greater intensity. Compared to their peers, COAs have been described as being more at risk for depression, low self-esteem, and aggressive behavior (Roosa, Gensheimer, Short, Ayers, & Shell, 1989). COAs also are prone to anxiety disorders, eating disorders, and stress-related illnesses (Landers & Hollingdale, 1988).

Along with the emotional problems that characterize COAs, many of them also exhibit lower academic achievement and cognitive deficits. Sher, Walitzer, Wood, and Brent (1991) found that COAs score lower on measures of academic achievement when compared to children from homes without an alcoholic parent. Bennett et al. (1988) found that children who exhibit cognitive deficits are often identified as COAs and that the most frequently reported differences between COAs and their peers were in the cognitive sphere. COAs, in general, had lower IQ scores; lower arithmetic, reading, and verbal scores; and more learning problems.

West and Prinz (1987) reported that in seven of nine studies they reviewed, COAs had lower cognitive abilities. According to Johnson and Bennett (1988), some studies have shown that COAs' scores are significantly lower on the Full Scale IQ when compared to non-COAs. COAs also consistently scored lower than their peers on the Verbal IQ in a number of studies using the Wechsler Intelligence Scale for Children-Revised (Sher et al., 1991).

Studies comparing differences in cognitive performance between children of alcoholic and nonalcoholic parents have typically concluded that COAs perform at lower levels than children of nonalcoholic parents (Johnson & Bennett, 1988). One distinct cognitive impairment found in COAs is a deficit in visuospatial learning skills (Garland, Parsons, & Nixon, 1993). Young children with a family history of alcoholism have significantly poorer

visuospatial skills than children without a family history of alcoholism (Schandler, Brannock, Cohen, Antick, & Caine, 1988).

As the reported research demonstrates, COAs may experience academic and cognitive difficulties as well as psychological disturbances. The majority of school-based interventions, nevertheless, deal with the emotional issues of living in an alcoholic home. Little consideration has been given to the cognitive needs of COAs in school-based interventions. Of 12 school-based interventions reviewed, only one included a significant emphasis on the cognitive functioning of the COA. Most of the interventions focused, instead, on the psychological functioning of COAs.

School-Based Interventions

Brake (1988), noting that children spend more time in school than anywhere else, stated that schools are the most logical setting for providing COAs with knowledge, skills, and support to help them understand the dysfunctional effects of familial alcoholism. According to Brake, COAs need to feel better about themselves and value themselves as worthwhile individuals. She suggested using strategies, in both group and individual settings, designed to enhance the child's emotional growth and security. Buwick, Martin, and Martin (1988) suggested that such programs should focus on developing consistency and adaptive behaviors. They also suggested pairing children with peers to develop socialization skills.

Two widely used school-based programs were designed with a prevention focus. The Cambridge and Sommerville Program for Alcoholism Rehabilitation (CASPAR) and the Stress Management and Alcohol Awareness Program (SMAAP) both consist of alcohol education, self-esteem enhancement, decision-making and problem-solving skills, social skills, and coping strategies (Davis, Johnston, DiCicco, & Orenstein, 1985; Roosa et al., 1989). Other programs were designed with a remedial focus. For example, Powell (1994) described a five-step classroom intervention model that educators can use to interrupt the dysfunctional skills of COAs. The behavior of the COA is the main focus of the intervention plan. The overall goal of the intervention is to improve the behavioral functioning of the student in the classroom.

Several of the school-based interventions were designed to help COAs deal with the emotional issues of the alcoholic family as well as to improve self-esteem. McElligatt (1986) proposed that such interventions should consist of group and individual counseling to help the COA find more effective ways of expressing feelings. Fisher (1989), in contrast, developed strategies which were designed to enhance and develop the role identities that COAs may have in their families. Ackerman (1983) suggested that COAs must be given information about alcoholism and helped to overcome any denial concerning the alcoholic parent in addition to helping them express feelings and increase self-esteem. Creighton (1985-86) developed a systems approach to improve the psychological functioning of COAs. That approach includes components designed to:

1. Encourage children to respond cognitively as well as affectively.
2. Teach children how to express feelings appropriately.
3. Provide children with a peer group.
4. Provide children with an adult role model.
5. Provide children with coping and decision-making skills.

Two descriptions of school-based interventions made specific mention of academic difficulties and cognitive deficits that COAs experience; yet, the interventions failed to include any strategies to deal with these issues. Learning problems were cited by McAndrew (1985) as a characteristic of COAs. Her intervention, however, focused on building self-esteem by developing talents and strengthening positive behavior. Emshoff (1990) wrote that lower IQ scores, as well as learning problems, characterize COAs. His intervention program was designed, nevertheless, to reduce other harmful effects of parental alcoholism. He advocated teaching COAs about family dynamics and providing them with a supportive atmosphere to enhance their self-esteem and their sense of control.

Two articles related to COAs in a college setting did specifically address the learning difficulties that COAs experience. Landers and Hollingdale (1988) stated that persons with learning disabilities are one of the fastest growing minorities on college campuses today and that COAs are prone to be a part of that population. Mucowski and Hayden (1988), in their study of adult COAs, identified learning patterns that are consistent with the roles that COAs may take in the alcoholic family. They labeled these patterns as the responsible child, the placater, the avoidant child, and the acting out child. According to Mucowski and Hayden, these dysfunctional learning styles lead to poor academic performance by younger COAs. They argued that an early school-based intervention program which helps the individual challenge and change the dysfunctional learning styles could lead to better school success, thereby reducing the effect of cognitive deficits.

Although research strongly reinforces the hypothesis that some COAs may have cognitive difficulties as well as emotional issues, a review of relevant literature shows that the cognitive domain receives little attention in the design of intervention programs. Clearly, COAs often do need help in dealing with the psychological effects of living in a home with an alcoholic parent. Dealing only with the psychological effects, however, seems to be short-sighted. School-based interventions also should be designed to overcome COAs' cognitive deficits and maximize their academic functioning.

Suggestions for Modifying Instruction

As noted earlier, COAs have poor verbal ability when compared to their peers (Sher et al., 1991). Students who are COAs would likely benefit from the use of teaching strategies that have proven successful with other children who have similar learning problems. Some suggestions, taken from McIntyre (1989), are the following:

1. Present material through multiple learning modalities (e.g., auditory, visual, and kinesthetic).

2. Record materials on audiotapes so that students can hear what they may be reading or doing.
3. Have students repeat things back to you in their own words.
4. Teach students to frequently stop when reading and explain in their own words what they are reading.
5. Allow students to adopt a teaching role periodically by having them present information to another student to develop better thought processes.
6. Cut apart frames of comic strips and have students put the frames back together in a logical sequence to develop reasoning skills.

Also as noted earlier, COAs score significantly lower on measures of visuospatial processing skills (Schandler et al., 1988). These learning deficits, according to Schandler and his associates, are a form of right-hemisphere dysfunction. Manifestations of this dysfunction include difficulty learning right from left; difficulty learning to tell time, read maps, or follow directions; difficulty in problem-solving; difficulty in abstract thinking; disturbances in basic math operations and reading comprehension; deficits in the ability to discriminate and manipulate spatial and numerical relations; deficits in learning the meaning of the actions of others; and disturbances in insightful thought (Semrud-Clikeman & Hynd, 1990).

Children with visuospatial skill deficits remember what they hear, but often have trouble understanding what they have read (Silverman, 1989). Visuospatial abilities are important for complete learning of many concepts and skills, especially those in science and mathematics (Mitchell & Burton, 1984). According to Mitchell and Burton, some children also may do better in reading and writing by increasing their visuospatial skills.

Many strategies have been devised to develop visuospatial abilities. Having students say aloud what they are thinking is one way to overcome the difficulty with understanding what has been read (Silverman, 1989). Use of lectures, audiotapes, class discussions, and other materials can reinforce areas of difficulty in reading comprehension (McIntyre, 1989). According to Mitchell and Burton (1984), manipulatives are the most popular materials for developing visuospatial skills. They argued that experience and instruction in making objects and viewing those objects from different angles can provide a foundation for later work in which visuospatial skills will be needed. For example, tangrams (geometric puzzles), embedded-figure puzzles, and simple jigsaw puzzles can help to develop visuospatial skills.

Summary

With increasing evidence showing cognitive differences in COAs, we believe that cognitive strategies should be included in the focus of intervention programs. COAs are presumed to experience an extra amount of everyday life stressors; if attention were given to their unique learning difficulties, the number of their stressors might be reduced. Based on the review reported herein, the unique cognitive needs of COAs are not being given much attention; the focus, thus far, has been almost exclusively on psychological interventions.

References

Ackerman, R. (1983). A guidebook for educators, therapists, and parents. Holmes Beach, FL: Learning Publications.

Bennett, L., Wolin, S., & Reiss, D. (1988). Cognitive, behavioral, and emotional problems among school-age children of alcoholic parents. American Journal of Psychiatry, 145, 185-190.

Brake, K. J. (1988). Counseling young children of alcoholics. Elementary School Guidance & Counseling, 23, 106-111.

Buwick, A., Martin, D., & Martin, M. (1988). Helping children deal with alcoholism in their families. Elementary School Guidance & Counseling, 23, 113-117.

Creighton, T. (1985-86). Children of alcoholics: A systems approach. Journal of Child Care, 2(5), 67-82.

Davis, R., Johnston, P., DiCicco, L., & Orenstein, A. (1985). Helping children of alcoholic parents: An elementary school program. The School Counselor, 32, 357-363.

Emshoff, J. (1990). A preventive intervention with children of alcoholics. Prevention in Human Services, 7, 225-253.

Fisher, G. L. (1989). Counseling strategies for children based on rules and roles in alcoholic families. The School Counselor, 36, 173-178.

Garland, M. A., Parsons, O. A., & Nixon, S. J. (1993). Visual-spatial learning in nonalcoholic young adults with and those without a family history of alcoholism. Journal of Studies on Alcohol, 54, 219-224.

Heryla, K., & Haberman, S. (1991). Student survivors of alcoholic families. New Directions for Student Services, 54, 35-49.

Johnson, J. L., & Bennett, L. A. (1988). School-aged children of alcoholics: Theory and research. Piscataway, NJ: Rutgers--the State University, Center of Alcohol Studies.

Landers, D., & Hollingdale, L. (1988). Working with children of alcoholics on a college campus: A rationale and strategies for success. Journal of College Student Psychotherapy, 2, 205-222.

McAndrew, J. A. (1985). Children of alcoholics: School intervention. Childhood Education, 61, 343-345.

McElligatt, K. (1986). Identifying and treating children of alcoholic parents. Social Work in Education, 9, 55-70.

McIntyre, T. (1989). A resource book for remediating common behavior and learning problems. Boston, MA: Allyn and Bacon.

Mitchell, C. E., & Burton, G. M. (1984). Developing spatial ability in young children. School Science and Mathematics, 84, 395-405.

Mucowski, R., & Hayden, R. R. (1988, February). Adult children of alcoholic parents: Their roles and learning styles. Paper presented at the Annual Meeting of the Eastern Educational Research Association, Miami, Florida.

Powell, R. R. (1994). Classrooms under the influence: Reaching early adolescent children of alcoholics. Reston, VA: National Association of Secondary School Principals.

Robinson, B. E. (1990). The teacher's role in working with children of alcoholic parents. Young Children, 45, 68-73.

Roosa, M., Gensheimer, L., Short, J., Ayers, T., & Shell, R. (1989). A preventive intervention for children in alcoholic families: Results of a pilot study. Family Relations, 38, 295-300.

Schandler, S., Brannock, J., Cohen, M., Antick, J., & Caine, K. (1988). Visuospatial learning in elementary school children with and without a family history of alcoholism. Journal of Studies on Alcohol, 49, 538-544.

Semrud-Clikeman, M., & Hynd, G. (1990). Right hemispheric dysfunction in nonverbal learning disabilities: Social, academic, and adaptive functioning in adults and children. Psychological Bulletin, 107, 196-209

Sher, K. J., Walitzer, K. S., Wood, P. K., & Brent, E. E. (1991). Characteristics of children of alcoholics: Putative risk factors, substance use and abuse, and psychopathology. Journal of Abnormal Psychology, 100, 427-448.

Silverman, L. K. (1989). The visual-spatial learner. Preventing School Failure, 34(1), 15-20.

Tharinger, D., & Koranek, M. (1988). Children of alcoholics--at risk and unserved: A review of research and service roles for school psychologists. School Psychology Review, 17, 166-191.

West, M., & Prinz, R. (1987). Parental alcoholism and childhood psychopathology. Psychological Bulletin, 102, 204-218.